

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90131 008 ***150.00

DOCUMENT # H89722

1. Corporation Name
WADDELL & ASSOCIATES, INC.

Principal Place of Business

WILLIAM ARNOLD
TN 38117

Mailing Address

P. O. BOX 771469
MEMPHIS TN 38177
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5188 Wheelis Dr.

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Memphis, TN

City & State

Zip Country
38117 USA

Zip Country
30

3. Date Incorporated or Qualified

12/12/1985

4. FEI Number

59-2627811

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

IGOE, JOHN G.
250 ROYAL PALM WAY
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

i. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DELETE

Change Addition

DELETE

Change Addition

DELETE

Change Addition

DELETE

Change Addition

DELETE

Change Addition

DELETE

Change Addition

i. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathy S. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy S. Williams

4-26-99

901-767-9187

Date

Daytime Phone #

CR2E034 (11/98)